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| Case Number: | CM15-0080753 | | |
| Date Assigned: | 05/01/2015 | Date of Injury: | 10/19/1998 |
| Decision Date: | 06/09/2015 | UR Denial Date: | 03/20/2015 |
| Priority: | Standard | Application Received: | 04/27/2015 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 64-year-old, female who sustained a work related injury on 10/19/98. The diagnoses have included low back pain, lumbar radiculopathy and lumbago. The treatments have included oral medications, physical therapy and lumbar epidural steroid injections. In the PR-2 dated 3/17/15, the injured worker complains of continued low back pain with radiation down both legs, right greater than left. She describes back pain as sharp and tight. She states she feels like she has vibrations in legs and pins and needles in feet. She rates her pain level a 5-6/10. She has tenderness to palpation over lumbar paraspinal musculature. She has positive straight leg raises with pain at 30 degrees, worse with right leg. She has decreased range of motion in low back. The treatment plan includes a recommendation to precede with a transforaminal epidural steroid injections at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Transforaminal epidural steroid injection right L4-5, L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI criteria for epidural steroid injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back, epidural steroid injections, therapeutic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current researches do not support "series-of-three" injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI injections. In this instance, the injured worker was said to have 75% relief with previous epidural steroid injections at the right L4-L5 and L5-S1 levels for greater than 6 months. The documentation submitted shows a positive straight leg raise test and diminished sensation in the L4-S2 dermatome regions, side unspecified. The only MRI report submitted comes from 6-1-2011. That report states that there is broad based disc bulge at L4-L5, which may be affecting the right L4 and L5 nerve root levels. The utilization reviewer did not certify a request for what is essentially a repeat right L4-L5 and L5-S1 epidural steroid injection on the basis that the injured worker had not failed conservative treatment. However, the requirement for a failure of conservative treatment is widely interpreted to mean the time period preceding the initial steroid injection and not the intervening time frame since. Therefore, because the criteria for epidural steroid injections have otherwise been met, transforaminal epidural steroid injection right L4-5 and L5-S1 are medically necessary and appropriate.